

EXHIBIT 8

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (Rev. 10/03) (6045)

1. DRIVER INFORMATION

Driver completes this section.

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate	Age	Sex	New Certification	Date of Exam
<i>Thompson, Edward M.</i>	441-588-9319	10-30-62	41	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up	4-26-04
Address	City, State, Zip Code	Work Tel: ()	Driver License No.	License Class		State of Issue
801 5th Ave	Seattle, WA 98101	Home Tel: (334) 449-1657	4057220	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other		WA

2. HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	Yes	No
<input checked="" type="checkbox"/> Any illness or injury in the last 5 years? <input checked="" type="checkbox"/> Head/Brain injuries, disorders or illnesses <input checked="" type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication <input checked="" type="checkbox"/> Eye disorders or impaired vision (except corrective lens) <input type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication <input checked="" type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input type="checkbox"/> high blood pressure <input type="checkbox"/> medication <input type="checkbox"/> Muscular disease <input type="checkbox"/> Shortness of breath		<input checked="" type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input checked="" type="checkbox"/> Kidney disease, dialysis <input checked="" type="checkbox"/> Liver disease <input type="checkbox"/> Digestive problems <input checked="" type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input checked="" type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> medication <input checked="" type="checkbox"/> Loss of, or altered consciousness	

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature *Edward M. Thompson*Date 4-26-04

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

Type 2 DM: Gastroesophageal reflux - this from - lower back surgery > lbs

History: Stomach trouble after use of aspirin, Tylenol, Benadryl, Benadryl

TESTING (Medical Examiner completes Section 3 through 7)

Name: Last,

Middle,

First,

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 1.62	20/ 1.62	Right Eye 85°
Left Eye	20/ 1.62	20/ 1.62	Left Eye 85°
Both Eyes	20/ 1.62	20/ 1.62	

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft. with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.
5 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI 224.5-1951)

Average: _____

Right Ear _____ 500 Hz _____ 1000 Hz _____ 2000 Hz _____ Left Ear _____ 500 Hz _____ 1000 Hz _____ 2000 Hz _____

Reading	Category	Expiration Date	Recertification
Right Ear 5 Feet 140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One-line certificate for 3 months if 141-159/91-99.
Left Ear 160-179/100-109 ≥ 180/110	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤ 140/90
	Stage 3	6 months from date of exam if ≤ 140/90	6 months if ≤ 140/90

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic	Driver qualified if ≤ 140/90.
136/ 73	136	73	
160-179/100-109 ≥ 180/110	160-179/100-109 ≥ 180/110	160-179/100-109 ≥ 180/110	Pulse Rate: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular
Record Pulse Rate: 64			

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN 1.015 SP. GR. 1.015 1.020 PROTEIN BLOOD SUGAR 2000

File Ser. No. 320

7/28/04 California 207 Examiners

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7. Height: 72 (in.) Weight: 222 (lbs.) Name: Last,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

See Instructions to the Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.			10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

<input type="checkbox"/> Meets standards in 49 CFR 391.41; qualifies for 2 year certificate	<input checked="" type="checkbox"/> <u>Chq r/cert dult</u>
<input type="checkbox"/> Does not meet standards	<input checked="" type="checkbox"/> <u>4/28/04</u> to <u>04/26/05</u>
<input checked="" type="checkbox"/> Meets standards, but periodic monitoring required due to	<input checked="" type="checkbox"/> <u>Follow up</u>
Driver qualified only for:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other <u>Diabetz</u>
(u) Temporarily disqualified due to (condition or medication):	
Return to medical examiner's office for follow up on	
<input type="checkbox"/> Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification. <input type="checkbox"/> Skill Performance Evaluation (SPE) Certificate <input type="checkbox"/> Driving within an exempt intracyl zone (See 49 CFR 391.62) <input checked="" type="checkbox"/> Qualified by operation of 49 CFR 391.64 	
Medical Examiner's Signature <u>John M. O'Brien</u> <u>John O'Brien</u>	
Medical Examiner's Name <u>John O'Brien</u>	

If meets standards, complete a Medical Examiner's Certificate as stated in 19 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

EXHIBIT 9

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Edmund H. Thorson in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.1-391.49) and with knowledge of the driving duties. I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Bonita Elliott</u>		TELEPHONE (312) 283-2013	DATE <u>04/26/04</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Bonita Elliott</u>		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE <u>91000103</u> <u>INDIANA</u>			
SIGNATURE OF DRIVER <u>Edmund H. Thorson</u>	DRIVER'S LICENSE NO. <u>4657210</u>	STATE <u>IL</u>	
ADDRESS OF DRIVER <u>801 S 5th Ave</u>			
MEDICAL CERTIFICATE EXPIRATION DATE <u>04/26/05</u>			

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

EXHIBIT 10

[FR Doc. 03-22426 Filed 9-2-03; 8:45 am]
BILLING CODE 3901-01-C

DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety
Administration**

[Docket No. FMCSA-2001-9800]

**Qualification of Drivers; Exemption
Applications; Diabetes**

AGENCY: Federal Motor Carrier Safety
Administration (FMCSA), DOT.

ACTION: Notice of final disposition.

SUMMARY: This notice announces
FMCSA's decision to issue exemptions
to certain insulin-using diabetic drivers

of commercial motor vehicles (CMVs) from the diabetes mellitus prohibitions contained in the Federal Motor Carrier Safety Regulations (FMCSRs). The FMCSA will grant exemptions only to those applicants who meet the specific conditions and comply with all the requirements of the exemption. The FMCSA will issue exemptions for not more than a period of two years. Upon expiration, those holding exemptions may apply to FMCSA for a renewal under procedures in effect at that time. The FMCSA is leaving the docket open so that interested persons can provide comments on any changes to the specific conditions needed to qualify for the exemption program.

DATES: This notice is effective on September 3, 2003. FMCSA will begin

accepting applications for exemptions on September 22, 2003.

ADDRESSES: Qualified insulin-treated diabetes mellitus drivers may now request a diabetes exemption from the regulations of 49 CFR 391.41(b)(3) by sending an exemption request to: Diabetes Exemption Program (MC-PSP), Office of Bus and Truck Standards and Operations, Federal Motor Carrier Safety Administration, 400 Seventh Street, SW., Washington, DC 20590-0001.

FOR FURTHER INFORMATION CONTACT: Ms. Sandra Zywokarte, Office of Bus and Truck Standards and Operations, (202) 366-4001, FMCSA, 400 Seventh Street, SW., Washington, DC 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

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Federal Register / Vol. 68, No. 170 / Wednesday, September 3, 2003 / Notices

SUPPLEMENTARY INFORMATION:

Docket: For access to the docket to read background documents or comments received, go to <http://dms.dot.gov> at any time, or to Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy Act: Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Department of Transportation's (DOT) complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477), or you may visit <http://dms.dot.gov>.

Background

The agency established the current standard for diabetes in 1970 because several risk studies indicated that diabetic drivers had a higher rate of accident involvement than the general population. The diabetes requirement provides that: A person is physically qualified to drive a commercial motor vehicle if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (49 CFR 391.41(b)(3)).

Since 1970, the agency has considered the diabetes requirement and undertaken studies to determine if its diabetes standard for commercial drivers in interstate commerce should be amended. It is FMCSA's view that its physical qualification standards should be based on sound medical, scientific and technological grounds, and that individual determinations should be made to the maximum extent possible consistent with FMCSA's responsibility to ensure safety on the nation's highways. The FMCSA published a notice of intent to issue exemptions to insulin-using diabetic drivers in the Federal Register on July 31, 2001 (66 FR 39548). This notice of intent discussed the regulatory history and research activity addressing the issue of diabetes and CMV operation.

Feasibility Study To Qualify Insulin-Treated Diabetics to Operate CMVs

Section 4018 of the Transportation Equity Act for the 21st Century (TEA-21) (Pub. L. 105-178, 112 Stat. 107) directed the Secretary of Transportation (the Secretary) to determine if it is feasible to develop a safe and practicable program for allowing

individuals with insulin-treated diabetes mellitus (ITDM) to operate CMVs in interstate commerce. In making the determination, the Secretary was directed to evaluate research and other relevant information on the effects of ITDM on driving performance. TEA-21 stated that, to accomplish this, the Secretary shall consult the states with regard to their programs for CMV operation by ITDM drivers, evaluate the DOT policies in other modes of transportation, analyze pertinent risk data, consult with interested groups knowledgeable about diabetes and related issues, and assess the possible legal consequences of permitting ITDM individuals to operate CMVs in interstate commerce. TEA-21 also directed the Secretary to report the findings to Congress and, if a program is feasible, describe the elements of a protocol to permit individuals with ITDM to operate CMVs. The FMCSA submitted the report to Congress on August 23, 2000. It is entitled "A Report to Congress on the Feasibility of a Program to Qualify Individuals with Insulin Treated Diabetes Mellitus to Operate Commercial Motor Vehicles in Interstate Commerce as Directed by the Transportation Equity Act for the 21st Century," July 2000 (TEA-21 Report to Congress). It concludes that a safe and practicable protocol to allow some ITDM individuals to operate CMVs is feasible. For a detailed discussion of the report findings and conclusions, see July 31, 2001 (66 FR 39548). A copy of the report is on FMCSA's Web site at www.fmcsa.dot.gov/rulesregs/mreports.htm.

Authority—Exemptions

Under 49 U.S.C. 31315 and 31136(e), FMCSA may grant an exemption for a period up to two years if it finds "such exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved absent such exemption." The statute also allows the agency to renew exemptions at the end of the two-year period, or after the current exemption expires.

FMCSA must publish a notice in the Federal Register for each exemption requested, explaining that the request has been filed, and providing the public an opportunity to inspect the safety analysis and any other relevant information known to the agency, and comment on the request. Prior to granting a request for an exemption, the agency must publish a notice in the Federal Register identifying the person or class of persons who will receive the exemption, the provisions from which the person will be exempt, the effective

period, and all terms and conditions of the exemption. The terms and conditions established by FMCSA must ensure that the exemption will likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved by complying with the regulation.

In addition, the agency is required to monitor the implementation of each exemption to ensure compliance with its terms and conditions. If FMCSA denies a request for an exemption, the agency must periodically publish a notice in the *Federal Register* identifying the person(s) whom the agency denied the exemption to and the reasons for the denial.

Generally, the duration of exemptions is limited to two years from the date of approval, but may be renewed. FMCSA is required to immediately revoke an exemption if:

(1) The person fails to comply with the terms and conditions of the exemption;

(2) The exemption has resulted in a lower level of safety than was maintained before the exemption was granted; or

(3) Continuation of the exemption would not be consistent with the goals and objectives of the regulations issued under the authority of 49 U.S.C. 31315 and 31136(e).

Process for Applying for an Exemption

The procedures for applying for an exemption may be found at 49 CFR 381.300 through 381.330. The person applying for an exemption is required to send a written request to the FMCSA Administrator. The written request must include basic information such as the identity of the person who would be covered by the exemption, the name of the motor carrier or other entity that would be responsible for the use or operation of CMVs during the exemption period, and the principal place of business of the motor carrier or other entity. Under section 381.310, the application must include a written statement that:

(1) Describes the event or CMV operation for which the exemption would be used;

(2) Identifies the regulation from which the applicant is requesting relief;

(3) Estimates the total number of drivers and CMVs that would be operating under the terms and conditions of the exemption; and

(4) Explains how the recipient of the exemption would ensure that they achieve a level of safety that is equivalent to, or greater than, the level of safety that would be obtained by complying with the regulation.

FMCSA Procedures for the Review of Exemption Applications

Section 381.315 requires FMCSA to review an application for an exemption and prepare, for the Administrator's signature, a *Federal Register* notice requesting public comment. After a review of the comments received, FMCSA staff will make a recommendation to the Administrator. FMCSA will publish a notice of the Administrator's final decision in the *Federal Register*. FMCSA will issue a final decision within 180 days of the date it receives an individual's completed application. However, if the applicant should omit important details or other information necessary for the agency to conduct a comprehensive evaluation, FMCSA will issue a final decision within 180 days of the date that it receives sufficient information (49 CFR 381.315 and 381.320). FMCSA recognizes that this potential six-month waiting period may seem burdensome. However, the agency must carefully evaluate each and every application for regulatory relief from the diabetes standard, to assess the potential safety performance of each applicant. In addition, the agency must prepare and submit the candidate's application for public notice and comment in the *Federal Register* and then evaluate comments received before making a final decision. FMCSA's overriding concern is to ensure the safety of interstate CMV operations. The agency will notify all applicants in writing once it makes a final decision.

Application Information

In considering exemptions, the FMCSA must ensure that the issuance of diabetes exemptions will not be contrary to the public interest and that the exemption achieves an acceptable level of safety. The FMCSA will only grant exemptions, therefore, to ITDM individuals who meet certain conditions. These conditions are set forth below and the FMCSA based the conditions on the research literature, relevant DOT and State exemption programs, and substantial medical input from a panel of endocrinologists. FMCSA will require applicants for an exemption from the ITDM prohibition to submit their applications in a letter (there will be no application form), include all supporting documentation, and use the following format:

Vital Statistics

Name (First Name, Middle Initial, Last Name).

Address (House Number and Street Name, City, State, and ZIP Code).

Telephone Number (Area Code and Number).

Sex (Male or Female).

Date of Birth (Month, Day, Year).

Age.

Social Security Number.

State Driver's License Number (List all licenses held to operate a commercial motor vehicle during the 3-year period immediately preceding the date of application).

Driver's License Expiration Date.

Driver's License Classification Code (If not a commercial driver's license (CDL) classification code, specify what vehicles may be operated under such code).

Driver's License Date of Issuance (Month, Day, Year).

Experience

Number of years driving straight trucks. Approximate number of miles per year driving straight trucks.

Number of years driving tractor-trailer combinations.

Approximate number of miles per year driving tractor-trailer combinations.

Number of years driving buses.

Approximate number of miles per year driving buses.

Present Employment

Employer's Name (If Applicable).

Employer's Address.

Employer's Telephone Number.

Type of Vehicle Operated and GVWR (Straight Truck, Tractor-Trailer Combination, Bus).

Commodities Transported (e.g., General Freight, Liquids in Bulk (in cargo tanks), Steel, Dry-Bulk, Large Heavy Machinery, Refrigerated Products). Estimated number of miles driven per week.

Estimated number of daylight driving hours per week.

Estimated number of nighttime driving hours per week.

States in which you will drive if issued an exemption.

In addition, the applications must include supporting documentation showing that the applicant:

(1) Possesses a valid intrastate CDL or a license (non-CDL) to operate a CMV;

(2) Has operated a CMV, with a diabetic condition controlled by the use of insulin, for the three-year period immediately preceding application;

(3) Has a driving record for that three-year period that:

Contains no suspensions or revocations of the applicant's driver's license for the operation of any motor vehicle (including their personal vehicle).

Contains no involvement in an accident for which the applicant

received a citation for a moving traffic violation while operating a CMV.

Contains no involvement in an accident for which the applicant contributed to the cause of the accident, and

Contains no convictions for a disqualifying offense or more than one serious traffic violation, as defined in 49 CFR 383.5, while operating a CMV;

(4) Has no other disqualifying conditions including diabetes-related complications;

(5) Has had no recurrent (two or more) hypoglycemic reactions resulting in a loss of consciousness or seizure within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;

(6) Has had no recurrent hypoglycemic reactions requiring the assistance of another person within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;

(7) Has had no recurrent hypoglycemic reactions resulting in impaired cognitive function that occurred without warning symptoms within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia,

(8) Has been examined by a board-certified or board-eligible endocrinologist (who is knowledgeable about diabetes) who has conducted a complete medical examination. The complete medical examination must consist of a comprehensive evaluation of the applicant's medical history and current status with a report including the following information:

(A) The date insulin use began,

(B) Diabetes diagnosis and disease history,

(C) Hospitalization records,

(D) Consultation notes for diagnostic examinations,

(E) Special studies pertaining to the diabetes,

(F) Follow-up reports,

(G) Reports of any hypoglycemic insulin reactions within the last five years,

(H) Two measures of glycosylated hemoglobin, the first 90 days before the last and current measure,

(I) Insulin dosages and types, diet utilized for control and any significant factors such as smoking, alcohol use, and other medications or drugs taken, and

(J) Examinations to detect any peripheral neuropathy or circulatory insufficiency of the extremities;

EXHIBIT 11

46-9625



Dart Transit Company

800 Lone Oak Road, Eagan, MN 55121 • Mailing Address: P.O. Box 64110, St. Paul, MN 55164-0110 • Office: 651-688-2000 • 800-366-9000

To: Florida TransformerRe: Edward Thompson Social Security 417-88-9319He/ She is an Owner/ Operator Company DriverDates of Service: From 4/26/04 To Present
Additional Dates _____ To _____

Position: Driver, Tractor Trailer

Pulling: 53 foot Dry Van Trailer

Hauling: General Commodities

State Authority: 48 plus Canada

Reason for separation:

 Voluntary Quit Discharged Currently Employed

ACCIDENT / INCIDENT INFORMATION

DATE	PREV / NP	DESCRIPTION	DOT RECORDABLE
6/14/04	NP	#1 struck #2 in rear.	Yes

Eligible for rehire: Upon Review

1. Had a test with a confirmed breathe alcohol level of 0.04 or greater in the past 3 years? YES NO
2. Tested positive for a controlled substance in the last 3 yrs? YES NO
3. Refused a controlled substance test and/or alcohol test in the past 3 years? YES NO
4. Violated other DOT drug/alcohol regulations in the past 3 years? YES NO
5. Received information from a previous employer that this individual violated DOT drug & alcohol regulations in the past three (3) years? YES NO
6. Has the above listed individual been subject to federal drug & alcohol testing requirements in the past three (3) years? YES NO

Completed by Dianne Qualification Date Completed: 9/9/04

EXHIBIT 12

CONVICTION DATE	OFFENSE / REMOVAL STAT	TIME / UNIT	REMOVAL REASON / OFFENSE DATE	REMOVAL COURT
05/09/2003	SPEEDING	69/45 MPH ZONE	02/21/2003 HOUSTON CO DISTRICT COURT	N
05/25/1999	SPEEDING	UNKNOWN	05/05/1999 TEXAS	Y
07/24/1998	SPEEDING	70/45 MPH ZONE	06/10/1998 GENEVA CO DISTRICT COURT	N
09/18/1995	SPEEDING	68/55 MPH ZONE	07/03/1995 COFFEE CO DISTRICT COURT	N
04/21/1994	NO POINTS IN CMV		03/17/1994 MORGAN CO DISTRICT COURT	N
09/18/1990	SPEEDING	UNKNOWN	09/10/1990 TEXAS	U
08/31/1990	SPEEDING	74/55 MPH ZONE	07/06/1990 GEORGIA	U
03/07/1988	SPEEDING	86/55 MPH ZONE	01/23/1988 RUSSELL CO DISTRICT COURT	U
05/03/1983	BUI - LIQUORS		03/12/1983 SLOCUMB MUNC COURT	U

*** ACCIDENT DATA ***					
	ACCIDENT #	VEH #	VEH/CNTY	ACCIDENT #	VEH #
09/02/2004	= 4524732	COM	VEH/Y	CITY/MACON	CITY/RURAL
08/29/2002	= 2095274	COM	VEH/N	CNTY/HOUSTON	CITY/DOTHAN
06/17/1997	= 7059834	COM	VEH/Y	CNTY/ESCAMBIA	CITY/RURAL
07/01/1987	= 7069885	COM	VEH/U	CNTY/DALE	CITY/OZARK

*** THE INCLUSION OF ACCIDENT DATA IN THIS REPORT ***
*** IN NO WAY IMPLIES FAULT OR LIABILITY. ***

ALABAMA DEPARTMENT OF PUBLIC SAFETY
P. O. BOX 1471 MONTGOMERY, AL 36102-1471
DRIVER HISTORY ABSTRACT AS OF: 11/22/2005

USER: 5 PAGE: 2

***** REQUESTOR ***** CURRENT DRIVER DATA *****
* HENRY L PENICK, ATTY * * EDWARD NEAL THOMPSON
* 319 17TH STREET NORTH * * 301 5TH AVE
* STE 200, PO BOX 967 * * GENEVA AL 36340
* BIRMINGHAM AL 35201 * *
* * EXPIRATION DATE: 03/26/2008
* * LAST ISSUE DATE: 04/02/2004
* * CLASS: AM
* * RESTRICTIONS:
* * ENDORSEMENTS:
* *

CONVICTION OFFENSE/ TIME / REMOVAL REASON /
DATE REMOVAL STAT UNIT OFFENSE DATE COURT

***** CERTIFICATION *****
AS AN OFFICIAL CUSTODIAN OF RECORDS FOR THE ALABAMA DEPARTMENT OF PUBLIC SAFETY, I HEREBY CERTIFY THIS
IS A TRUE AND CORRECT COPY OF THE DRIVER HISTORY RECORD FROM THE COMPUTER FILES OF THE DEPARTMENT.

Shereen H. Davis
Shereen H. Davis

OFFICIAL CUSTODIAN

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS AN OFFICIAL CUSTODIAN OF RECORDS FOR THE
ALABAMA DEPARTMENT OF PUBLIC SAFETY.

Lashelle A. Starks
Lashelle A. Starks

NOTARY PUBLIC

MY COMMISSION EXPIRES 1-26-2009

EXHIBIT 13

DRIVERS NAME	THOMAS	LAST	1/27	FIRST	MM/DD/YY	SOCIAL SECURITY NO.	47-88	-	88	-	93/09
DRIVERS LICENSE NO.	4465721D	STATE	PA	CLASS	A	IF CDL, LIST ENDORSEMENTS					
TYPE OF UNIT DRIVEN IS MOST ACCUSTOMED TO	TRAILER	/	TRAILER	TYPE OF UNIT TESTED ON: POWER	Scrub	IF PASSENGER CARRIER, TYPE OF BUS					
TRAILER(S) — 45'											
SCHOOL BUS, TAXI, PASSENGER, COACH											

GRADE DRIVER IN THE BELOW AREAS OF OPERATION ON THE BASIS OF (E) excellent; (G) good; (F) fair; (P) poor.

AREA OF OPERATION	DAY TEST		NIGHT TEST		DAY TEST DATE	NIGHT TEST DATE
	9/2/04	9/2/04	9/2/04	9/2/04		
Pretrip inspection	E	E	E	E	E	E
Knowledge of emergency equipment demonstrated	E	E	E	E	E	E
If combination unit, coupling and uncoupling	E	E	E	E	E	E
Placing vehicle in operation	E	E	E	E	E	E
Use of seat belt	E	E	E	E	E	E
Acceleration	E	E	E	E	E	E
Upshifting	E	E	E	E	E	E
Operating the vehicle in traffic	E	E	E	E	E	E
Lane holding	E	E	E	E	E	E
Multi-lane road maneuvering	E	E	E	E	E	E
Space management	E	E	E	E	E	E
Distance scanning (following/gap judgement)	E	E	E	E	E	E
Use of mirrors in traffic	E	E	E	E	E	E
Observance of posted speed limits	E	E	E	E	E	E
Maneuvering through curves	E	E	E	E	E	E
Use of turn signals during lane change	E	E	E	E	E	E
Use of mirrors during lane change	E	E	E	E	E	E
Speed adjustment during lane change	E	E	E	E	E	E
Canceling turn signal after lane change completion	E	E	E	E	E	E
Lane change return	E	E	E	E	E	E

CHECK BOX IF COMMENT SPACE PROVIDED ON BACK OF FORM WAS USED.

This is to certify that the above named driver was given a road test under my supervision on 9/2/04 date consisting of approximately 200 miles of driving. It is my considered opinion that this driver PASSED — with sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Florida Test Site DATA
COMPANY OF EXAMINER
FJC

10/23/03
ADDRESS OF EXAMINER
Florida Test Site DATA
Signature of Examiner
Title of Examiner
Driver

No. 1055	Copyright © 10/4	Reorder from Trans Products	1-800-367-9100	PO Box 898 Millford, DE 19963
CERTIFICATION OF ROAD TEST \$39.21				

This is a copy of the Driver's certificate of examination in the file	name of driver	name of driving
under whose supervision	TYPE OF UNIT	TYPE OF UNIT
if passenger vehicle, TYPE OF BUS	UNITS TESTED	TYPE OF BUS
if commercial vehicle, TYPE OF TRUCK	UNITS TESTED	TYPE OF TRUCK
SOCIAL SECURITY NUMBER	UNITS TESTED	TYPE OF TRUCK

BALANCE OF CERTIFICATION ON REVERSE SIDE
No. 1055 Copyright © 10/4 Reorder from Trans Products 1-800-367-9100 PO Box 898 Millford, DE 19963

No. 1055 Copyright © 10/4 Reorder from Trans Products 1-800-367-9100 PO Box 898 Millford, DE 19963

EXHIBIT 14

FORM-MCS-50-Prescribed by the
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION REV. 67

DRIVER'S DUTY STATUS RECORD
(One calendar day - 24 hours)
USE TIME STANDARD AT HOME TERMINAL

Form Approved Budget Bureau No. 04-R2399
ORIGINAL - File each day at home terminal
DUPLICATE - Driver retains in his possession for 8 days.

9 2 09 160 (Month) (Day) Year Total mileage today

140 (Total miles driving today)

11 228 Vehicle numbers - (Show each unit)

I certify these entries are true and correct:
Neal Thompson (Driver's signature in full)

William Lickelb (Name of co-driver)

F T L (Name of Carrier or Carrier)
Defunkt Spire F1 (Main Office Address)

50 (Home Terminal Address)

MID-NIGHT												NOON												Total Hours											
1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11			
1: OFF DUTY																						21													
2: SLEEPER BERTH																						0													
3: DRIVING																						150													
4: ON DUTY (Not Driving)																						50													
REMARKS:	<i>Master AC</i> <i>W. Lickelb</i> <i>Defunkt Spire F1</i> <i>PTL W. Lickelb</i>																																		

Shipping document, manifest number, or name of a shipper and commodity. Information required by Section 395.8(i).

Check the box and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours. Section 395.8(i).

FROM: _____ TO: _____ (Destination or Turn Around Point or Place)

SUMMARY FOR 70 HOURS 8 DAYS (Starting Point or Place)

Box	Total Hours On Duty Today - Lines 3 & 4	[1]	Total Hours On Duty Last 8 Days - Lines 3 & 4	[2]	Total Hours On Duty Last 7 Days - Lines 3 & 4	[3]	Eligible Hours Tomorrow (70 Minus Box 3)	[4]	Code For Violation Dr. _____ On Duty _____
	0		0		0		70		

EXHIBIT 15

STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

DRIVER'S NAME

Edward Neal Thompson

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE
	<u>None</u>		

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Edward Neal Thompson

DRIVER'S SIGNATURE

8/13/04

DATE

NAME OF MOTOR CARRIER Florida Transformer, Inc.ADDRESS P.O. Box 507 DeFuniak Springs FL 32435

STATE

ZIP

REVIEWED BY: SIGNATURE

Scott LearyHR MGR

TITLE

Certificate of Review

To be certified by a motor carrier supervisor.

I have hereby reviewed the driving record of _____

DRIVER'S NAME

in accordance with §391.25 and find that he/she:

 Meets minimum requirements for safe driving. Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: _____

SUPERVISOR'S SIGNATURE

DATE

79

FTI

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.